

# Pharmacokinetic Modeling of ETS Exposure

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## Motivation

"OSHA would like to consider the use of a PBPK model in an effort to develop a clear and complete picture of factors that may affect:

- environmental exposure measurements,
- internal dose estimates, and ultimately
- estimates of expected risks

attributed to ETS exposure at the workplace."

"OSHA is seeking comment on appropriate methodology, available data etc."

*The foregoing was prepared on 1/20/83*

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## Risk Assessment Requires

determination of extent of exposure

- airborne chemicals, particulate concentrations
- **internal** measure of individual exposure  
(biomarker)

- Wenn Risk assessment auf Biomonitoring beruht, ist natürlich der Verständniss von Biomarkern, d.h. uptake/absorption, distribution, metabolisme, excretion notwendig
- In der folgenden Review wird versucht eine Übersicht aufzuzeigen, was COT an

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## Selection of Biomarker

relevance to specific end points

- cardiovascular disease
- lung cancer

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# Cardiovaskular Effects of ETS

associated with

- CO
- nicotine
- PAHs

*andere Vervsacke mit 2  
oxidative Stress, Peroxyde  
werden nicht erwähnt*

Compound	Possible Biomarker	Specific for ETS	Biokinetic Information Available
CO	HbCO (blood)	no	yes
nicotine	nicotine, cotinine (body fluids)	(yes)	yes
PAHs (particles)	- solanesol	no yes	- no)

*Also I compare the common risk with Biomarker relevance  
value, also OSHA comment in doc*

Conclusion: to rely on **nicotine/cotinine** as a specific and relevant biomarker for ETS exposure

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## Lung Cancer

- "...mechanisms of carcinogenicity from exposure to ETS is not known."
- "...most of identified carcinogens of ETS are not unique to ETS."

⇒ impossible to identify specific compounds as biomonitor

**best choice:** biomarker which provides the most general representation of all components of ETS

⇒ **nicotine** (unique, GVP and PP)

- strong correlation between nicotine in air and mutagenicity of ETS (equal or better relationship than RSP)
- positive correlation between short-term mutagenicity tests and carcinogenicity

**conclusion:** "...the use of **nicotine** as an exposure marker for carcinogenic effects of ETS appears to be justified."

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## Cotinine as Biomarker for ETS

strong correlation between

- nicotine intake and plasma cotinine levels
- cotinine in body fluids and ETS exposure
- cotinine in saliva and cotinine in plasma
- cotinine in plasma and urinary excretion of cotinine

assumption: Kinetics parameter for nicotine and cotinine can be extrapolated from smokers to nonsmokers.

*Especially at  
much lower!*

difficulties

- nicotine in diet
- possibility of longer half-life of cotinine at very low concentrations (slow release of nicotine from binding sites)

⇒ OSHA seeks comment and data on these issues.

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